

**Warren School District**  
**504 Committee Report**

(Contact: Mary Jo Wisener, 504 Coordinator; (870)226-8500, ext. 225; P. O. Box 1210, Warren, AR 71671)

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ ID# \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**1. Findings:**

The student **DOES** **DOES NOT** qualify under Section 504. Please check the appropriate statement below:

- Student has
- Student has a history of
- Student is regarded as having

**\*\* (Definition of a disability under Section 504: A mental or physical impairment that **substantially limits** a student's ability to learn **in comparison to the average student population**):**

**2. Evidence of disability based on (attached):**

- |                              |                         |
|------------------------------|-------------------------|
| Special education reports    | School-based evaluation |
| Physician's statement report | Psychological report    |
| Other _____                  |                         |

**3. Major life activity SUBSTANTIALLY LIMITED by this disability:**

- |                       |                         |
|-----------------------|-------------------------|
| Caring for one's self | Breathing               |
| Seeing                | Hearing                 |
| Working               | Performing manual tasks |
| Learning              | Speaking                |
| Walking               | Other _____             |

**4. Educational Impact of the disability:**

**5. Behavioral Impact of the disability: Is the student able to follow rules and regulations?**

- Yes
- No

**Behavioral modifications needed:**

6. Educational accommodations needed to provide equal opportunity for success:

7. Testing accommodations needed:

None needed

Oral testing

Place \_\_\_\_\_

Time \_\_\_\_\_

8. Parental component:

9. 504 committee members

Signature	Position	Date

Additional copies to:

EASTSIDE:

C. Moring  
M. McBee  
Alexander  
D. Prince  
B. Griffin  
Sawyer  
Branch  
Reddick  
Church  
S. Johnson  
M. Johnson  
S. Weaver  
T. Callaway  
Other \_\_\_\_\_

BRUNSON:

C. Moring  
M. McBee  
P. Newton  
D. Jones  
Sawyer  
Branch  
Reddick  
Church  
M. Williams  
D. Raines  
Other \_\_\_\_\_

WMS:

Riley  
Burks  
T. Arnold  
B. Arnold  
Church  
Other \_\_\_\_\_

WHS:

Stewart  
Jackson  
Tatum  
McMurry  
Church  
Other \_\_\_\_\_